



**MITCHELL E. DANIELS, Jr., Governor**  
**STATE OF INDIANA**

DEPARTMENT OF HOMELAND SECURITY

J. ERIC DIETZ, EXECUTIVE DIRECTOR

*Indiana Department of Homeland Security  
Indiana Government Center South  
302 West Washington Street  
Indianapolis, IN 46204  
317-232-3980*

To: Training Institution Officials  
Primary Instructors

From: Tony Pagano, Section Chief, Certification,  
Sam Steinhilber, EMS Instructor

Re: Verification of Course Completion

The EMS Commission has requested that we develop a plan to insure that all persons taking the written certification examinations have actually successfully completed program requirements and are eligible to be tested or eligible for retests.

We have enclosed the Primary Instructor **Verification of Course Completion** form to be used for the above purpose. All students in attendance at state written examination sites **as of November 1, 2002** will be required to submit their original copy of this form as verification of eligibility for their initial attempt. They will be required to submit their original retest notification letter for eligibility to retest the examination for their second attempt. The original remediation and retest notification letter will be required for their third attempt. Students who do not have appropriate documentation to present will not be able to test at the site.

You may copy this form to produce additional copies. However, the instructor signature and student name must be original ink for each student. If you have questions concerning this form or other training issues please contact us via telephone or e-mail.

1-800-666-7784  
*[tpagano@dhs.in.gov](mailto:tpagano@dhs.in.gov)*  
*[ssteinhilber@dhs.in.gov](mailto:ssteinhilber@dhs.in.gov)*



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## **Primary Instructor Verification of Course Completion**

This form\*, with the original of the Primary Instructor's signature, must accompany each person attempting an initial written examination for certification. Candidates needing to attempt a retest of the written examination will be required to present their original letter received from the PSTI office notifying them of the retest. This original will be submitted with examination materials for processing.

**Failure to present an original of this form\* or the retest notification letter at a written examination site will prevent the candidate from testing at that site.**

\_\_\_\_\_ has successfully  
completed \_\_\_\_\_ (course number). The course completion  
date, as shown on the Report of Training was \_\_\_\_\_

The Training Institution for this class was \_\_\_\_\_

Primary Instructor's Name (printed): \_\_\_\_\_

Primary Instructor's Signature: \_\_\_\_\_

**\* Candidates for Reciprocity will have a letter generated by Indiana Department of Homeland Security EMS Training Staff for their initial test attempt.**

Written Examination Scheduled at: \_\_\_\_\_

\_\_\_\_\_ ,

Time: (1800 LOCAL TIME for ALL evening exams) \_\_\_\_\_ ,

Confirmation number: \_\_\_\_\_ .

Date of scheduled exam: \_\_\_\_\_

**PHOTO ID required for testing.**

**No. 2 pencil, blue, or black ink may be used.**